MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 10/089973	

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	✓					
2		✓				
3		✓				
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5		✓				
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7		✓				
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43	✓					
44	✓					
45		✓				
46						
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50						
TOTAL IND.	15					
TOTAL DEP.	30					
TOTAL CLAIMS	45					

Claim	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS